

SC Budget and Control Board  
**VEHICLE ACCIDENT REPORT**

**IMMEDIATELY NOTIFY** Police and call for medical assistance (9-1-1), as required. Call your supervisor and Safety (513-5352 or 513-5354). Complete the following information.

<b>I.</b>	Date: _____	Time: _____
<b>II.</b>	<b>Location of Accident:</b>	
	County: _____	City: _____
	Route No.: _____	
<b>III.</b>	<b>You and your State Vehicle</b>	
	Agency Name _____	
	Agency Address: _____	
	Year and Make of Vehicle: _____	License Tag No. and State: _____
	Name: _____	Driver's License No.: _____
	Address: _____	Office Phone: _____
	<hr/> <hr/> <b>Other Vehicle</b> <hr/> <hr/>	
	Year and Make: _____	License Tag No. and State: _____
	Name: _____	Driver's License No.: _____
	Address: _____	
	Insurance Company / Policy Number: _____	
<b>IV.</b>	Did the police investigate this accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, which police department? _____	
	Was anyone charged with a violation? <input type="checkbox"/> No <input type="checkbox"/> Other Driver <input type="checkbox"/> You	
	If yes, what was the charge? _____	
	If anyone was injured, who was it and what was the nature of the injury? _____ _____	

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V. In your own words, give circumstances of the accident:

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Employee Signature:

VI. Supervisor Notification

Name:

Telephone No.

Team:

Estimated Cost of Repair:

Supervisor's Signature:

Complete and return the original of this form  
and the Police report to:

SC BCB Internal Operations  
1201 Main Street, Suite 710  
Columbia SC 29201  
ATTN: Sylvia Scott

Fax / Mail (within 24 Hours) to:

SC BCB General Services  
State Fleet Management  
140 Stoneridge Drive, Suite 650  
Columbia SC 29210-8257  
ATTN: Safety Officer  
Fax: 737-1160  
WP: 737-1211

Report employee injuries to:

Board Safety  
737-2311 / 2315

Web Page

<http://www.bcbintrinet.sc.gov/bcbindra/BCBI-accident-report.phtm>

Southeastern Claims Service  
PO Box 212128  
Columbia SC 29202  
WP: (800) 206-1913  
Fax: (803) 407-5549